

**(Insert Local Area name here) Workforce Development Board
Local Incumbent Worker Business Application**

Section I: Business Information

Business Name:		
Street/Mailing Address:		
City/State:	Zip:	County:
Business Contact Person & Title:	Email: Phone: Fax:	
Description of Business Product(s) or Services (3-5 sentences):		
Months/Years in business:	Total number of paid employees at this location:	Legal Structure of Business: Sole Proprietor Partnership Corporation LLC Other:
Tax Status of Business: <input type="checkbox"/> For-profit <input type="checkbox"/> Not-for-profit	Business's Federal ID #: Unemployment Insurance ID#:	
Parent Business? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, please indicate business names in space provided.)</i>	Parent Business Name: Representative: Contact Phone & Email:	

Is this a collaborative grant? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, please indicate business name in space provided.)</i>	Business: Representative: Contact Phone & Email:
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Section II: Training Summary *(If applying for more than one training, request another training summary template from (insert Local Area name here) Workforce Development Board; do not combine training information.)*

Training Topic/Course Title:	
Course Description and/or Objectives:	
Estimated Training Date(s):	
Number of Trainees ¹ :	Training Location:
Name of Training Provider (Organization - if applicable):	
Name of Trainer/Instructor:	
Address, City, State, Zip:	
E-Mail Address:	Phone:

Qualifications of Trainer/Instructor to Teach Component (2-3 sentences):

¹Attach (insert Local Area name here) Trainee Application (Attachment E) for all trainees.

Section III: Budget

Instructions: If applying for more than one training, request another budget template from Local Area name WDB; do not combine budget info for multiple trainings. Refer to the Reimbursable / Non-Reimbursable expenses sheet for specific costs that can or cannot be included in the budget request.

Category	Training Cost	Grant Funds Requested	Explanation/Detail:
Training/Course Registration	\$ \$ \$ \$ \$	\$ \$ \$ \$ \$	
Manuals/Textbooks	\$	\$	
Training Certifications, Certificates, Credentials, Licenses	\$	\$	
Materials and Supplies	\$	\$	
Travel Expenses (see Allowable Training Cost section #6 on page 4)	\$	\$	
	Total Training Cost: \$	Total Amount Requested: \$	

Business's Non-Federal Share (Indicate only one with information in corresponding table)

My business has less than 50 employees: A 10% non-federal share is required for this grant.

My business has between 50-100 employees: A 25% non-federal share is required for this grant.

My business has more than 100 employees: A 50% non-federal share is required for this grant.

Wages: \$ _____	Facility Fee: \$ _____	Meals/Travel: \$ _____	Others: _____ \$ _____
Total Non-Federal share: \$ _____			

REIMBURSABLE / NON-REIMBURSABLE TRAINING COSTS

The following is a listing of reimbursable and non-reimbursable training costs for (insert Local Area name here):

Allowable Training Costs:

1. Training / Course registration
2. Training that results in participants obtaining an industry-recognized certification or credential to include training preparation for certification exams
3. Web-based online training
4. Employee skills assessment that results in primary training funded through the grant
5. Textbooks / manuals used 100% for the training activities
6. Materials and supplies directly related to the funded training
7. Travel for trainers: If the requested training is not available within reasonable proximity to the business. The terms of 'reasonable proximity' should be discussed with the (insert Local Area name here) WDB Business Services Representative (BSR) before application submission
8. Process improvement or quality-related training to support the state's Business Edge initiative

Non-Allowable Training Costs:

1. Employee-related costs such as wages, fringe benefits, etc.
2. Training-related costs incurred prior to the beginning date of the Agreement (Attachment D) with the (insert Local Area name here) WDB or after the Agreement ends
3. Training that the business or an entity on the business's behalf already provides to its employees
4. Training that a business is mandated to provide on a regular basis to its employees by federal, state, or local laws
5. Continuing Education Units (CEUs) and other training that is specifically required for an employee or business to maintain licensure, certification, or accreditation
6. Courses that are part of a trainee's pursuit of an educational degree
7. Employment or training in sectarian activities
8. Curriculum design and/or training program development
9. Trainers employed by any business whose employees are being trained to include parent business employees

(Local Area WDB Name here)

10. Purchase of employee assessment systems or systems usage licenses (example: site licenses)
11. Business website design and development, website hosting, and maintenance, software or hardware upgrades, advice on computer selection for purchase and upgrade
12. Third party compensation or fees not directly related to the provision of the requested training
13. Any costs that would normally be considered allowable, but for which there is no request/cost for training related to the item(s) within the application
14. Capital improvements, purchase of real estate, to include the construction or renovation of facilities or buildings, and capital equipment or other durable (long lasting and/or reusable) training materials
15. Business relocation or other similar/related expenses
16. Travel outside of contiguous United States or costs associated with bringing a trainer into the country
17. General office supplies and non-personnel services costs (example: postage and photocopying)
18. Membership fees/dues
19. Food, beverage, entertainment, and/or celebration related expenses
20. Job/Position profiling
21. Publicity/public relations costs
22. Costs associated with conferences

Section IV: Training Abstract

Please provide all of the following information on a separate document

1. Background information on the business.
2. Overview of the training and information to support the request and need for training.
3. Description of how the requested training will address the identified skills gaps, improve employee retention, impact business stability, and increase the competitiveness of the employee and business.
4. Reason for requesting financial assistance to conduct the training.

Section V: Authorization and Certification

As authorized representative of the Business submitting this application, I hereby certify that:

- I have read the Local Incumbent Worker Policy.
- The Business meets the requirements of the policy in regard to business and employee eligibility and is eligible to submit this application.
- The information contained in this application is true and accurate.
- I am aware that any false information, intentional omissions, or misrepresentations may result in rejection of the application and possible disqualification for future funding.
- The Business agrees to adhere to all reporting requirements requested by (Insert Local Area Name Here) WDB upon notification of award.
- The Business agrees to provide all data elements as required for federal reporting.
- The Business confirms and verifies that all employees' verification documents are current and accurate and are available upon request by the (Insert Local Area Name Here) WDB.
- The Business agrees to resubmit this application if (Insert Local Area Name Here) WDB requests edits within the designated timeframe.

(Local Area WDB Name here)

- The request training expense is in accordance with the reimbursable requirements outlined in the (insert Local Area name here) Policy.
- Trainee applications for all employees seeking training are attached to this application.

Further, this business shall not discriminate against any employee, applicant for employment, applicant or Workforce Innovation and Opportunity Act participant, subcontractor or potential beneficiaries of employment and training programs or projects because of race, color, disability, religion, age, sex, national origin, political affiliation or belief

Business Representative Print Name: _____

Business Representative Signature: _____

Date: _____